HOTLINE: Effective November 14, 2022

New Test **3005696** **Hereditary Retinoblastoma (*RB1*) Sequencing and Deletion/Duplication** **RB1 NGS**

Patient History for Hereditary Retinoblastoma Testing

Additional Technical Information

Methodology: Massively Parallel Sequencing
Performed: Varies
Reported: 3 weeks

Specimen Required: Collect: Lavender or pink (EDTA) or yellow (ACD solution A or B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 3 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Serum or plasma; grossly hemolyzed or frozen specimens; saliva; buccal brush or swab, FFPE tissue.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

Interpretive Data:
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Note: GENE TESTED: *RB1** (NM_000321)
*One or more exons are not covered by sequencing and/or deletion/duplication analysis; see Additional Technical Information.

CPT Code(s): 81479

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.